Survivorship - Non-Small Cell Lung Cancer (NSCLC)

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Category 1

Non-small cell lung cancer 3 years post-treatment and NED

Category 2

Years 3 and up:
- History and physical annually
- Low-dose non-contrast spiral CT annually

Years 4 to 5:
- History and physical annually
- CT chest with or without contrast every 6 months

Years 6 and up:
- History and physical annually
- Low-dose non-contrast spiral CT annually

MONITORING FOR LATE EFFECTS

Assess for:
- Fatigue
- Pulmonary status
- Cardiovascular screening
- Neuropathy

RISK REDUCTION/EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment
- Cancer screening
- HPV vaccination as clinically indicated (see HPV Vaccination Algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV Algorithm)
- Assess for alcohol use
- Vaccinations as appropriate

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Depression
- Financial stressors
- Social support

DISPOSITION

Yes

Return to primary treating physician

No

Continue survivorship monitoring

Refer or consult as indicated

Positive findings?

NED = no evidence of disease

1 Category 1 = Stage I-II (primary treatment includes surgery with or without chemotherapy)
2 Category 2 = Stage III-IV or Stage I-II treated with radiation
3 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

4 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

5 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

6 Based on Centers for Disease Control and Prevention (CDC) guidelines
SUGGESTED READINGS


This survivorship algorithm is based on majority expert opinion of the Thoracic Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Katherine Gilmore, MPH  
Daniel Gomez, MD  
John Heymach, MD  
Shonice Holdman, MBA*  
Susan Knippel, RN, FNP-C  
Paula Lewis-Patterson, NP, MSN, NEA-BC  
Amy Pai, PharmD  
Stephen Swisher, MD  
Ara Vaporciyan, MD†

† Core Development Team  
* Clinical Effectiveness Development Team